

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Page 1 of 2

Name of Person Filing	ROBERT M. KLEIN SR.	File Number U-
-----------------------	---------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NORTHERN CALIFORNIA CARPENTERS TRAINING TRUST</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 265 HELENBERGER RD.</p> <p>City OAKLAND</p> <p>State CA. ZIP Code + 4 94621</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>CARPENTERS TRUST PROVIDES TRAINING FOR NCCRE MEMBERS.</p>
	<p>11.b. Approximate dollar value of such dealing. UNKNOWN</p>
	<p>12.a. Nature of interest held or income received.</p> <p>REIMBURSE FOR AIR TRAVEL FOR TRUST CONFERENCE.</p>
	<p>12.b. Amount. 530.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>